PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10-655-219

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CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OR	OTHER	
TOTAL CLAIMS			73					RATE FEE		1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			IC FEE	+	OP	BASIC FEE	
TOTAL CHARGEABLE CLAIMS			73 minus 20=		-333		X	9=		OR	X\$18=	
INDEPENDENT CLAIMS			G) m	inus 3 =	. 6		-	42=	 			954
ML	ILTIPLE DEPE	NDENT CLAIM P	RESENT		<u> </u>	<u> </u>	-		-	OR	X84=	304
* If the difference in column 1 is less than zero, enter "0" in column 2								40=		OR	+280=	
CLAIMS AS AMENDED - PART II							TO	TAL	<u></u>	OR	TOTAL	<i>aa08</i>
		(Column 1)	(Column 2) (Column 3			(Column 3)	SMALL ENTITY			OR	OTHER SMALL	
AMENDMENT A		CLAIMS		HIGH	EST	T .			ADDI-			
		REMAINING AFTER AMENDMENT		PREVIO PAID	USLY	PRESENT EXTRA	R/	ATE.	TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* 36	Minus		3	=	X\$	X\$ 9=		OR	X\$18=	
	Independent FIRST PRESE	* 5 ENTATION OF M	Minus				X4	2=		OR	X84=	
		LITATION OF ME		ENDENT	CLAIM		+14	40=		OR	+280=	
								OTAL		OR	TOTAL	
		(Column 1)		(Calu-	on (1)	(Caluma a)	ADDIT	. FEE	L		ADDIT. FEE	
		CLAIMS		(Colun		(Column 3)						
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID I	BER	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$	9=		OR	X\$18=	
	Independent	* NTATION OF MI	Minus	***	01.411.1	-	X4	2=		OR	X84=	
	. ALOT FREGE	STATION OF MI	JEHIPLE DEF	ENUENI	CLAIM	لـلــا	+14	l0=		OR	+280=	
								OTAL FEE			TOTAL	
20.										OR	ADDIT. FEE	
		(Column 1) CLAIMS		(Colun		(Column 3)	<u></u>					
AMENDMENT C		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER JUSLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$	9=		OR	X\$18=	1 6-6-
	Independent	*	Minus	***			X4:	_				
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							-		OR	X84=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									Ì	OR	+280=	
•••	if the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADI ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR ,	TOTAL ADDIT, FEE	
-	ii vie "Highest Nur The "Highest Nuri	mber Previously Pa hber Previously Pai	ud For" (N THI d For" (Total or	S SPACE is Independe	less than nt) is the	n 3, enter "3." highest number				,		